



APPRENTICESHIP AGREEMENT



Name of Sponsor: <input type="text"/>	Name of Apprentice: <input type="text"/>
Address of Sponsor (Street, City, State, Zip Code): <input type="text"/>	Address of Apprentice (Street, City, State, Zip Code): <input type="text"/>

School-To-Apprenticeship: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Indicate County: <input type="text"/>
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Progressive Wage Schedule: The Journeyperson Hourly Rate on _____ was \$ _____ per hour.

1st <input type="text"/> Hours <input type="text"/> %	5th <input type="text"/> Hours <input type="text"/> %	9th <input type="text"/> Hours <input type="text"/> %	13th <input type="text"/> Hours <input type="text"/> %
2nd <input type="text"/> Hours <input type="text"/> %	6th <input type="text"/> Hours <input type="text"/> %	10th <input type="text"/> Hours <input type="text"/> %	14th <input type="text"/> Hours <input type="text"/> %
3rd <input type="text"/> Hours <input type="text"/> %	7th <input type="text"/> Hours <input type="text"/> %	11th <input type="text"/> Hours <input type="text"/> %	15th <input type="text"/> Hours <input type="text"/> %
4th <input type="text"/> Hours <input type="text"/> %	8th <input type="text"/> Hours <input type="text"/> %	12th <input type="text"/> Hours <input type="text"/> %	16th <input type="text"/> Hours <input type="text"/> %

If Sponsor is an association, participating employer's name: <input type="text"/>		Date of Birth (M-D-Y): <input type="text"/>	Social Security Number: <input type="text"/>	Sex: <input type="text"/>
Occupation: <input type="text"/>	Length of Probation: <input type="text"/> hours	Veteran Status (X One) <input type="checkbox"/> Vietnam Era (8/15/64 - 6/7/75) <input type="checkbox"/> Other Veteran <input type="checkbox"/> Non Veteran	Race/Ethnic Group (X One) <input type="checkbox"/> White (Not Hispanic) <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Information Not Available <input type="checkbox"/> Other	
Term of Apprenticeship: <input type="text"/> hours	Work Experience Credit: <input type="text"/> hours	Education Level (X One) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th grade or less <input type="checkbox"/> 12 th grade or more		
Related Instruction Per Year: <input type="text"/> hours	Related Instruction Credit: <input type="text"/> hours			
Date Apprenticeship Began: <input type="text"/>	Projected Completion Date: <input type="text"/>			

Signature of Sponsor	Signature of Apprentice	Signature of Guardian (if apprentice is under 18):
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REGISTERED WITH THE MARYLAND APPRENTICESHIP AND TRAINING COUNCIL

Date Registered

Signature and Title of MATC Official

MATC Number

The sponsor and apprentice whose signatures appear below agree to the terms and conditions set forth in the Apprenticeship Standards currently in effect and registered with the Maryland Apprenticeship and Training Council (MATC).

Further, the sponsor agrees that the apprentice shall be given equal opportunity in all phases of apprenticeship employment and training without discrimination because of political or religious opinion or affiliation, marital status, race, color, creed, national origin, sex, or age, unless sex or age constitutes a bona fide occupational qualification or the physical or mental disability of a qualified individual with a disability in accordance with the Maryland State Plan for Equal Employment Opportunity in Apprenticeship and Training.

The apprentice agrees to be diligent and faithful in learning the occupation in accordance with the terms and conditions set forth in the Apprenticeship Standards registered with the MATC.

This agreement may be terminated by either party without cause during the probationary period by submitting written notification of termination to the MATC. After the probationary period, this Agreement may be terminated for good cause with due notice to the apprentice and a reasonable opportunity for corrective action and with written notice to the apprentice and MATC of the final action taken.

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and may not be otherwise disclosed without the express permission of the undersigned apprentice. Privacy Act of 1974 (P.L. 93-579)

Department of Labor, Licensing and Regulation
Apprenticeship and Training

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